

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001436

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 32

32

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in lb
46 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
806 CLEVELAND

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
EDWARD F. BARTH

4. DATE OF DEATH

Month Day Year
JANUARY 3 - 1963

5. SEX

MALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-5-1890

9. AGE (last birthday)

72 YEARS

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAX CONSULTANT

10b. KIND OF BUSINESS OR INDUSTRY

K.C. CITY HALL

11. BIRTHPLACE (City and state or country)

PANA ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Albert Barth

13b. MOTHER'S MAIDEN NAME

MARY AGNER

14. NAME OF HUSBAND OR WIFE

MARY E. BARTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES ARMY W.W.I.

16. SOCIAL SECURITY NO.

5

17. INFORMANT

MARY E. BARTH 806 CLEVELAND K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Acute anterior myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 days

DUE TO (b)

Coronary thrombosis

3 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

12/26/62

20g. CITY, TOWN, OR LOCATION

1/3/63

20h. COUNTY

4/3/63

20i. STATE

20j. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21. I attended the deceased from

12/26/62 to 1/3/63 and last saw him alive on 1/3/63

21a. Death occurred at

7 P.M.

21b. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James J. Barton

22b. ADDRESS

(Degree or title)

22c. DATE SIGNED

1/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-7-1963

23c. NAME OF CEMETERY OR CREMATORY

PANA CEMETERY

23d. LOCATION (City, town, or county)

PANA ILLINOIS

24. FUNERAL DIRECTOR

MUEHLERACH

24a. ADDRESS

6800 TROOST

25. DATE REC'D. BY LOCAL REG.

1-4-63

26. REGISTRAR'S SIGNATURE

Keith Long

Tesson
Rialto Bldg

VI-2-2389

200 or 230

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Landes

Licensed Embalmer No.

5103

P. O. Address

K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.